TED STEVENS ANCHORAGE INTERNATIONAL AIRPORT

Department of Transportation & Public Facilities Airport Leasing & Property Management PO Box 196960, Anchorage AK 99519-6960 Phone: 907-266-2420 ◆ Fax: 907-266-2458

INSTRUCTIONS AND INFORMATION FOR BUSINESS ACTIVITY PERMIT APPLICATIONS

All lease and permit applications must be accompanied by a \$25.00 non-refundable application service fee (Government agencies are exempt). Checks should be made payable to "State of Alaska."

The State reserves the right to return incomplete applications or request additional information. Lease applicants are encouraged to review 17 AAC 42.200-42.245 for help in understanding the regulations that govern the Airport's lease application review process.

Please complete the application according to the following instructions:

- 1. Applicant Information: Enter the information as indicated. Please be sure to print legibly.
- 2. <u>Business Information</u>: Check only one box and attach copies of your business license, corporate or LLC certificate, Articles of Organization or Incorporation (with latest meeting minutes showing officers, current signatory authority), and/or partnership agreement (can be for private or commercial and must show who has signatory authority for the partnership). Businesses need to be registered with the State of Alaska in order to enter into a lease or permit.
- 3. Name of Contact Person: Name of local contact person if other applicant.
- 4. <u>Type of Permit Desired</u>: Check the box next to the type of Permit you are requesting. Annual Permit fees are based on the type of activity for which you are requesting a permit. Please contact the Leasing Office for specific permit fees.
- 5. Description of Services: Indicate the type of services you will be providing.
- 6. <u>Vehicles</u>: List any vehicles that will be used to provide services or operations. See the section below regarding required insurance coverage.
- 7. <u>Statement of Compliance</u>: Please read this statement carefully before signing the application. This statement indicates that you understand your responsibilities regarding the business activity permit.
- 8. Name and Signature: Sign your application and print your name, title and the date.
- 13. Application Checklist: Check attachments to be sure all required items are submitted:
 - a. \$25.00 non-refundable application fee (except for exempt government agencies). Checks should be made payable to "State of Alaska". Applications submitted without a filing fee may not be processed.
 - b. Sign and date the application.
 - c. Business License or other requested business documentation

INSURANCE: In most cases, the lessee is required to carry adequate insurance to protect both the lessee and the State against comprehensive public liability and property damage. The terms and limits of the insurance requirements will be based on the risks relative to the lessee's operations. This may include:

- ◆ Commercial General Liability insurance with coverage limits not less than \$1,000,000 per combined single limit per occurrence, or
- ♦ Commercial General Liability insurance with coverage limits not less than \$5,000,000 per combined single limit per occurrence **and** Comprehensive Automobile Liability with coverage limits not less than \$2,000,000.
- State of Alaska named as Additional Assured.
- Waiver of Subrogation endorsement.

(It is suggested that the applicant investigate the cost of such coverage prior to making application for lease.)

TED STEVENS ANCHORAGE INTERNATIONAL AIRPORT

STATE OF ALASKA, DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES AIRPORT LEASING & PROPERTY MANAGEMENT

BUSINESS ACTIVITY PERMIT APPLICATION

1. Applicant:			If Applicant is a business, indicate which type below and provide documentation as required in the instructions.		
Name:			provide documentation as required in the instructions.		
Business Name:			☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC)		
Address:			Government Other:		
			Are you registered to do business in the State of Alaska?		
Phone: ()			4. Type of agreement desired (check applicable box):		
FAX: ()			☐ Ground Handling Service		
e-mail: 3. Name of Contact Person (if different than above):			☐ Commercial Fueling Service ☐ Valet Parking Service		
Name:			☐ Mobile Food Service		
Phone: ()			☐ Aircraft Maintenance or Repair Services ☐ Distribution of Pre-Ordered Merchandise		
FAX: ()			☐ Tour Reception Service		
e-mail:			☐ Catering Service for In-Flight Meals ☐ Other:		
Strict.					
5. Description of services and operations proposed (attach additional pages as needed):					
6. List any vehicles that will be used to provide services or operations under this permit (attach additional pages if necessary):					
-		-			s if necessary):
Year	Make	Model	License Plate #		
			License Flate #	Issuing State	Serial #
			License Flate #	Issuing State	Serial #
			License Flate #	Issuing State	Serial #
			License Flate #	Issuing State	Serial #
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7 Statement of Com	nliance		License Flate #	Issuing State	Serial #
7. Statement of Com	•				
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